

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

3676

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6093</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> <u>58</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Rural</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield, R.F.D. #1.</u> <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi north of Marshall in Marshall township</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy</u> b. (Middle) <u>L.</u> c. (Last) <u>Dwinell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 6, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 25, 1886.</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>3</u>		11. YEARS <u>II</u>		12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
13a. FATHER'S NAME <u>Oliver Dwinell</u>			13b. MOTHER'S MAIDEN NAME <u>Dont Know</u>			14. NAME OF HUSBAND OR WIFE <u>Iva May Dwinell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Carver, Triplett, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ernest Carver</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>681 D's</u> DUE TO (c) <u>6827</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Hwy by Missouri Pacific freight train in crossing 2 miles north of Marshall Mo.</u>			
19a. DATE OF OPERATION <u>✓</u>				19b. MAJOR FINDINGS OF OPERATION <u>✓</u> <u>acute - gastric cell.</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 16 R. crossing 3 miles N. of Marshall</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Saline Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Jan. 6, 1949 2:23 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Hwy by R.R. freight train Mo Pacific</u>			
22. I hereby certify that I attended the deceased from <u>Jan 6, 1949</u> , that I last saw the deceased alive on <u>Jan 6, 1949</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. Lawrence Coroner Saline Co</u>				23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>1-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 7, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brookfield cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-7-1949</u>		REGISTRAR'S SIGNATURE <u>Ernest Carver</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CAMPBELL-LEWIS-MARSHALL-MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

APR 26 1950

District Health Officer No. 8,

District File Number

Date Filed 1-26-49

FEB 7 1949

FEB 24 1950

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No. 263

working under my personal supervision.

Student James H. Lewis Jr.  
Student Embalmer

Signed

R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.